

**CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF MISSISSIPPI**

**CASE NO:** 11-12950

Debtor Helen M. Burgess SS#XXX-XX- 7988 Current Monthly Income \$ 2,669.63

Jt. Debtor \_\_\_\_\_ SS#XXX-XX- \_\_\_\_\_ Current Monthly Income \$ \_\_\_\_\_

Address 5261 Longwood Cv.: Horn Lake, MS 38637 No. of Dependents 0

Telephone No. \_\_\_\_\_ TAX REFUNDS AND EIC FOR DISTRIBUTION: 0

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. All secured / priority debts are provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to exceed 60 months.

(A) Debtor shall pay \$ 479.00 per (monthly / semi-monthly / week / bi-weekly) to the Chapter 13 Trustee.  
A payroll deduction order will be issued to Debtor's employer @: **Debtor to pay direct**

(B) Joint Debtor shall pay \$ \_\_\_\_\_ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee.  
A payroll deduction order will be issued to Debtor's employer @: \_\_\_\_\_

**PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full: IRS \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo

State Tax Commission \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo Other \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo

**DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:** \_\_\_\_\_

beginning \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month shall be paid:

\_\_\_\_\_ direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:** \_\_\_\_\_

in the amount of \$ \_\_\_\_\_ shall be paid \$ \_\_\_\_\_ per month:

\_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**HOME MORTGAGE (S) – Payments applied pursuant to 11 U.S.C. §524(i) and per Standing Order**

MTG PMTS TO: Wells Fargo Bank BEGINNING \_\_\_\_\_ @ \$ 633.00 ( ) PLAN (X) DIRECT

MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT

MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO

Debtor's Initials HMB Joint Debtor's Initials \_\_\_\_\_

**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

<u>Creditor's Name</u>	<u>Collateral</u>	<u>Approx. Amt. Owed</u>	<u>Value</u>	<u>*Int. Rate</u>	<u>Total Amt. To Be Paid</u>	<u>Monthly Payment</u>
Fifth Third Bank	11 Chevy Impala	\$21,000.00	\$19,237.50	4.75%	\$23,633.71	\$393.90
				%		
				%		
				%		
				%		
				%		

**\*PAY CONTRACT RATE OR NO MORE THAN 7%.**

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

<u>Creditor's Name</u>	<u>Collateral or Type of Debt</u>	<u>Approx. Amt. Owed</u>	<u>Proposal to Be Paid</u>

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

**UNSECURED DEBTS** totaling approximately \$ 44,518.26 are to be paid        IN FULL \* PERCENT MINIMUM **Only to Creditors** that file **TIMELY** claims, that are not disallowed, in deferred payments.

**\*Pay a total of** 0.00 **or** 0.00 **per month to unsecured claims.**

Total Attorney Fees Charged \$ 2,800.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$ 2.00

Attorney fees to be paid through the plan \$ 2,798.00

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone #/Email)

**MITCHELL, CUNNINGHAM & FAVA**

**WILLIAM L. FAVA**

**P.O. BOX 783**


**SOUTHAVEN, MS 38671**

**Telephone 662-536-1116**

Telephone/Fax

DATE: **July 1, 2011**

DEBTOR'S SIGNATURE



JOINT DEBTOR'S SIGNATURE

ATTORNEY SIGNATURE

